

Tanning Client Record

Client Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Birthdate: ____ / ____ / ____ **Phone #:** _____

Skin Type: _____

“Warning Statement”

- (1) Failure to use the eye protection provided to the customer by the tanning facility may result in damage to the eyes.
- (2) Overexposure to ultraviolet light causes burns.
- (3) Repeated exposure may result in premature aging of the skin and skin cancer.
- (4) Abnormal skin sensitivity or burning may be caused by reactions of ultraviolet light to certain:
 - (i) foods;
 - (ii) cosmetics; or
 - (iii) medications, including:
 - (A) tranquilizers;
 - (B) diuretics;
 - (C) antibiotics;
 - (D) high blood pressure medicines; or
 - (E) birth control pills.
- (5) Any person taking a prescription or over-the-counter drug should consult a physician before using a tanning device.
- (6) A person with skin that always burns easily and never tans should avoid a tanning device.
- (7) A person with a family or past medical history of skin cancer should avoid a tanning device.

Client Signature: _____ **Date:** _____

_____ / _____ Parent or Legal Guardian Print Name	_____ Signature & Date
Parent or legal guardian must also sign consenting to the initial warning and for use of tanning equipment for individuals 17 years of age.	

Client Initials	Date	Time of Day	Exposure Time	Client Initials	Date	Time of Day	Exposure Time
1.				21.			
2.				22.			
3.				23.			
4.				24.			
5.				25.			
6.				26.			
7.				27.			
8.				28.			
9.				29.			
10.				30.			
11.				31.			
12.				32.			
13.				33.			
14.				34.			
15.				35.			
16.				36.			
17.				37.			
18.				38.			
19.				39.			
20.				40.			

PA State Law: Indoor Tanning Regulation Act 41 of 2014.

- Minimum age to tan is 17 with signed parental or guardian consent.
- Prohibits tanning more than once within 24 hours.

